N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 20 1938

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

21416

1. PLACE OF DEATH
County Buchanan — Registration District No. 83 — File No.
Township — Primary Registration District No. 1021 — Registered No. 727
City St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Herman Oliver Sidenfaden
(a) Residence, No. 1822 Union St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 64 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie C. Sidenfaden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 23, 1873

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 64 | 8 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Establishment
10. Date deceased last worked at this occupation (month and year) July 1938.
11. Total time (years) spent in this occupation 51 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER
13. NAME William Sidenfaden.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxony. Germany.

MOTHER
15. MAIDEN NAME Emily Wonderly.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton Missouri.

17. INFORMANT (ADDRESS) Mrs H. O. Sidenfaden. 1822 Union St. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem't
PLACE St. Joseph, Mo. DATE July 16, 1938

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED 7-15, 1938 H. J. Nettabuchi Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938.

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to July 13, 1938.
I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thromb. | July 13 |
| 59 - | |
| Other contributory causes of importance: Diabetes Mel - | - |
| Arteriosl. gen - | - |

Name of operation none Date of
What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Frank H. Hardigan, M. D.
(Address) Kirkpatrick Bldg.